

Conflict of Interest

Policy Number: 1.3 (Appendix C)

Potential/Proposed Conflict of Interest Disclosure Form

In accordance with the SMU Conflict of Interest Policy, each University Representative who becomes aware of any potential or proposed Conflict of Interest involving his or her personal interests, the interests of an Immediate Family Member or the interests of an Associated Entity of his or hers or of an Immediate Family member shall promptly complete, sign and file with the Conflicts Committee or the General Counsel, as the case may be, this Potential/Proposed Conflict of Interest Disclosure Form. Please attach any additional pages necessary in order to provide a complete disclosure.

- a. Please identify the potential or proposed Conflict of Interest that you are disclosing.

- b. Does the potential or proposed Conflict of Interest involve ownership of and/or investment in an entity by you, an Immediate Family Member or an Associated Entity of you or an Immediate Family Member with which the University has or may enter into a Business Transaction?¹ Yes No

b.(i). If you responded “Yes,” please provide the approximate amount of the ownership interest and/or investment along with any pertinent historical background information and details about the nature of the ownership and/or investment, including how such ownership and/or investment interests compare to those of others with ownership and/or investment interests in the entity. Please further describe any other control of the entity, including any employment, contractual or other arrangements with the entity, status as a Manager or Director/Trustee of the entity, and all related compensation.

b.(ii). If you responded “Yes,” please describe how the Business Transaction may provide a potential direct or indirect financial benefit, if at all, to you, an Immediate Family Member or an Associated Entity of you or an Immediate Family Member.

¹ Business Transactions include, but are not limited to, contracts of sale, lease, license, insurance and performance of services and joint ventures with the University but do not include transactions involving the payment of membership dues to the University.

Southern Methodist University
UNIVERSITY POLICY MANUAL

b.(iii). If you responded "Yes," please describe the direct or indirect involvement of you, an Immediate Family Member or an Associated Entity of you or an Immediate Family Member in any and all aspects of the actual or proposed Business Transaction, including involvement in the identification of the opportunity, negotiations of the related agreements, and payment for the Business Transaction.

c. Please identify any additional information that would be useful for reviewing this potential or proposed Conflict of Interest, including information about University personnel involved with an actual or proposed Business Transaction that is the subject of this disclosure and any steps taken already or contemplated to minimize or eliminate the potential or proposed conflict.

d. If there is a date by which you seek to have the potential or proposed Conflict of Interest reviewed, please identify it and state the reason for that date.

Date: _____

Please contact Paul Ward at paul.ward@smu.edu or (214) 768-3233 in the Office of Legal Affairs, if you have any questions concerning this form or the SMU Conflict of Interest Policy.

University Representative: _____
(Print Name)

Date: _____ Signed: _____